

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-041749

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1338

FILED DEC 5 1962

1. PLACE OF DEATH

a. COUNTY **Buchanan**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Joseph**

Length of stay in lb
50yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo** b. COUNTY **Buchanan**

c. CITY OR TOWN **St. Joseph,**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **D.O.A. St. Joseph Hosp**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2420 Sol 14th

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **John** Middle **A.** Last **Williams**

4. DATE OF DEATH
Month **Nov.** Day **22**, Year **1962**

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Aug. 2, 1882

9. AGE (last birthday)
80

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
re. Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farm

11. BIRTHPLACE (City and state or country)
Iowa

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Thomas Williams

13b. MOTHER'S MAIDEN NAME
Ellen ?

14. NAME OF HUSBAND OR WIFE
Dora Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT Address
John H. Williams, St. Joseph, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute cerebral hemorrhage with left hemiplegia

INTERVAL BETWEEN ONSET AND DEATH
2 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **11/22/62** to **11/22/62** and last saw him alive on **11/22/62**
Death occurred at **9:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **D.E. Sklar M.D.** (Do not write title)

22b. ADDRESS **SOCIAL WELFARE BOARD 10th & Olive, St. Joseph, Mo.**

22c. DATE SIGNED **11/26/62**

23a. BURIAL CREMATION, REMOVAL (Specify)
Burial

23b. DATE
11/26/62

23c. NAME OF CEMETERY OR CREMATORY
Benezer Cemetery

23d. LOCATION (City, town, or county)
St. Joseph, Mo

(State)

24. FUNERAL DIRECTOR ADDRESS
[Signature] St. Joseph, Mo

25. DATE RECD. BY LOCAL REG.
Dec. 3, 1962

26. REGISTRAR'S SIGNATURE
[Signature]

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

D.E. Sklar, M.D.

VS 300
Rev. 4/59

1 **5117**

2 **5117**

3

4 **0**

5 **1**

6

7 **1**

8 **2**

9 **331X**

10

11

12 **92-0**

13 **1-0**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Student Embalmer No. _____
Signature: John E. Rupp
Date: 7-9-61

Licensed Embalmer No.

P. O. Address

almer No. 3986
St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.